

Vehicle Information (for which permission is being sought)
(Please Print)

Year: _____ Make: _____ Model: _____ Color: _____

State: _____ License Plate Number: _____ Expiration: _____

Residential Preferred Parking Permit #:

Name:

Address:

Telephone Number (Area Code):

Signature of RPP Permit Holder: _____

Permission Requested: _____

Start Date: _____

End Date: _____

Permission will not be granted for more than six months at any one time. If additional time is needed, please complete and submit another application to Parking Enforcement. The signed form can be faxed to (414) 286-8385 or mailed to Parking Enforcement, 123 N. 25th Street, Milwaukee, WI 53233. Any questions regarding this form or the RPP program please call (414) 286-8350.

[illegible]

Confirmation Number Assigned: _____

Permission Granted: Date / / Signed _____

Permission Denied: Date / / Signed _____